

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-976)**

SERIAL NO.

091704384
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/				51						
2				/			52						
3							53						
4							54						
5			/				55						
6				/			56						
7							57						
8							58						
9			/				59						
10				/			60						
11							61						
12							62						
13			/				63						
14							64						
15				/			65						
16				/			66						
17			/				67						
18							68						
19				/			69						
20				/			70						
21			/				71						
22							72						
23				/			73						
24				/			74						
25			/				75						
26				/			76						
27				/			77						
28				/			78						
29							79						
30			/				80						
31				/			81						
32				/			82						
33				/			83						
34				/			84						
35				/			85						
36				/			86						
37				/			87						
38				/			88						
39				/			89						
40				/			90						
41				/			91						
42				/			92						
43				/			93						
44				/			94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			8				TOTAL IND.						
TOTAL DEP.			26				TOTAL DEP.						
TOTAL CLAIMS			34				TOTAL CLAIMS						